



**STATE OF RHODE ISLAND**  
**Executive Office of Health and Human Services**

**Medicaid's 2020 Annual Plan Change Opportunity**

**Medicaid's Annual Plan Change Opportunity** for 2020 has started. This is an opportunity for RItE Care, Rhody Health Partners, and Medicaid Expansion members to change health plans. For more information, log on to <http://www.eohhs.ri.gov/Home/PlanChange.aspx>.

The three health plan choices are listed below. If you are interested in changing health plans, contact the new health plan to be certain that your doctors and medications are covered. See contact information below:



1-401-459-6020 or 1-800-459-6019  
[nhpri.org](http://nhpri.org)



1-866-738-4116  
[www.ritogether.com](http://www.ritogether.com)



1-800-587-5187  
[UHCCommunityPlan.com](http://UHCCommunityPlan.com)

**Are you happy with  
your current health  
plan?  
If so, do nothing.**

If we don't hear from you, you will  
stay in your current health plan.

**Want to make a change?**

**Call HealthSource RI (HSRI) at 1-855-840-4774,**  
Monday-Friday 8:00am to 6:00 pm.  
OR

**Fill out the selection form and mail to:**  
RI Executive Office of Health & Human Services  
Enrollment Unit  
3 West Road  
Cranston, RI 02920

**Important:**  
**Please do not drop this form off at the above  
address.**



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**Medicaid's 2020 Plan Change Request Form**

Date:		Telephone Number:	
First Name:		MI:	Last Name:
Address:			Apt/Unit:
City:		State:	Zip Code:
Social Security Number:			Date of Birth:
Signature: <div style="float: right; font-size: small;"> <input type="checkbox"/> Check if authorized representative and release is on file           <input type="checkbox"/> Check if navigator         </div>			

**To change to a new health plan, place an “X” in the box next to the plan. Make only one choice and mail to:**

RI Executive Office of Health & Human Services – Enrollment Unit  
 3 West Road, Cranston, RI 02920

- ☐

**Neighborhood  
Health Plan**  
OF RHODE ISLAND™
- ☐

**TUFTS**  
Health Plan
- ☐

**UnitedHealthcare®**

**For Medicaid/ RItE Care Members: All family members enrolled in Medicaid/ RItE Care must be enrolled in the same health plan. Please list family members and Social Security numbers below.**

Name	Social Security Number